



CancerCare *Plus* Series 5

CANCER INSURANCE

**Family
Heritage**
Life Insurance Company of America



Cancer will occur in **3 out of 4 Families.**



Cancer will occur in **1 out of 2 Men.**



Cancer will occur in **1 out of 3 Women.**



In children ages 1 – 14, cancer is the **second** leading cause of death.



This year there will be over **1.6 million** new cancer cases.

Risk Factors Include...

☐ Air

☐ Food

☐ Water

☐ Where We Work

☐ Where We Live

☐ Heredity

☐ Tobacco

☐ Diet

☐ Weight

More than 6 out of 10 people with cancer will survive!
The bad news is, Cancer is expensive...

...in the United States, total costs exceed \$226 billion.

Most people are surprised that their largest expenses during illnesses are often not their medical expenses — it's the **INDIRECT COSTS** that their **HEALTH INSURANCE DOESN'T COVER**.

Two Types of COSTS:

DIRECT

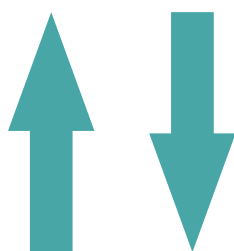
- Doctor Bills
- Hospital Charges
- Medical Expenses



INDIRECT

What health insurance DOES NOT cover:

- Lost Income and Savings
- Living Expenses
- Insurance Limitations
- Travel to get the Best Treatment
- In-Home Care
- Child Care



While your expenses go **UP**, your income and savings often go **DOWN**, forcing you to rely on:

- Savings and Investments
- Selling Assets
- Retirement Funds
- College Funds

Many families choose to protect their future with...



CancerCare
Plus Series 5

- **Pays benefits directly to you** — you decide how to spend them
- Pays **in addition** to any other insurance you own
- **Guaranteed renewable** for life — only you can cancel
- This policy's benefits are **never reduced**
- **Premiums don't increase** with age or due to claims
- This policy **has no cap** on the amount of benefits you receive or the number of claims you can have

CancerCare Plus Series 5 Benefits (3 Levels of Coverage Available)	ELITE	PREFERRED	STANDARD
First Occurrence <i>(Paid once per insured). Paid upon confirmed diagnosis of:</i> <ul style="list-style-type: none"> Internal Cancer Breast Cancer <i>(an additional)</i> Prostate Cancer <i>(an additional)</i> Skin Cancer 	\$3,000 \$1,500 \$1,500 \$900	\$2,000 \$1,000 \$1,000 \$600	\$1,000 \$500 \$500 \$300
Hospitalization <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> For each day for covered cancer treatments, includes U.S. Government Hospitals 	\$450	\$300	\$150
Ambulance <i>(No Lifetime Limits) (Includes air ambulance)</i> <ul style="list-style-type: none"> Each trip (two one-way trips per hospitalization) charges up to 	\$600	\$400	\$200
Wellness Benefit <i>(No Lifetime Limits, except HPV and Tobacco Cessation)</i> <ul style="list-style-type: none"> Pays for the following tests per calendar year, based on the schedule in your policy, up to a maximum of <i>(Mammography, Breast Ultrasound, Colonoscopy, Flexible Sigmoidoscopy, Barium Enema, HPV, Pap Smear, Sputum Cytology, Urine Cytology, Transvaginal Ultrasound, Fecal Occult Stool Specimen, CEA, CA 125, PSA or successful completion of the Tobacco Cessation Program)</i> 	\$150	\$100	\$50
Surgery & Anesthesia <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> For each operation based on the schedule in your policy, from 	\$300-\$15,000	\$200-\$10,000	\$100-\$5,000
Second Surgical Opinion <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> Charges up to 	\$600	\$400	\$200
Reconstructive Breast Surgery <i>(Lifetime Maximum of 2 surgeries per Insured)</i> <ul style="list-style-type: none"> Following a mastectomy 	\$750	\$500	\$250
Prosthesis <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> Charges for prosthetic devices, including external devices, up to 	\$3,000	\$2,000	\$1,000
Bone Marrow Transplant <ul style="list-style-type: none"> Paid one time per insured for a Bone Marrow Transplant from one person to another for the treatment of leukemia 	\$15,000	\$10,000	\$5,000
Bone Marrow Donor <ul style="list-style-type: none"> One-time payment per insured who donates 	\$3,000	\$2,000	\$1,000
Radiation & Chemotherapy <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> Each day, for the delivery of radiation or chemotherapy treatment 	\$300	\$200	\$100
Radiation Planning <i>(3 day Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> For radiation planning, each day 	\$300	\$200	\$100
Self-Administered Chemotherapy <i>(Lifetime Maximum of 125 weeks per Insured)</i> <ul style="list-style-type: none"> Charges for your prescriptions filled for self-administered chemotherapy, for each week up to <i>(Not paid in any week that Radiation & Chemotherapy Benefit is paid)</i> 	\$240	\$160	\$80
Anti-Nausea <i>(No Lifetime Limits) (Benefit payable while receiving radiation or chemotherapy)</i> <ul style="list-style-type: none"> Charges per calendar year per insured person up to 	\$750	\$500	\$250
Special Treatment <i>(Lifetime Maximum per Insured)</i> <ul style="list-style-type: none"> Charges for any of the following FDA approved treatments up to <i>(Immunotherapy, Stem Cell Transplant, Hormone Therapy, Autologous Bone Marrow Transplant, Radioimmunotherapy and Photodynamic Therapy)</i> 	\$1,500	\$1,000	\$500
Hospice Service <ul style="list-style-type: none"> For each day of Hospice Service up to 180 days 	\$150	\$100	\$50
Patient Transportation <i>(No Lifetime Limits)</i> <ul style="list-style-type: none"> When you travel over 80 miles from home for covered services or up to 3 consultations prior to treatment, Round trip charges for your plane, train, or bus up to For each mile by personal auto 	\$3,000 \$.60	\$2,000 \$.40	\$1,000 \$.20
Family Member Transportation <i>(If a child is hospitalized, we will pay this benefit for both parents)</i> <ul style="list-style-type: none"> For one member of your immediate family also traveling more than 80 miles from your home to be with you when you are hospitalized, round trip charges for plane, train, or bus up to For each mile by personal auto 	\$3,000 \$.60	\$2,000 \$.40	\$1,000 \$.20
Family Member Lodging <ul style="list-style-type: none"> For each day, up to 60 days, for a member of your immediate family who also travels more than 80 miles from home and requires lodging while you are hospitalized, we will pay charges up to 	\$150	\$100	\$50

Return of Premium

You are paid if you have claims or if you stay well!

We **REFUND YOUR PREMIUMS**, less any claims paid, after twenty (20) years.

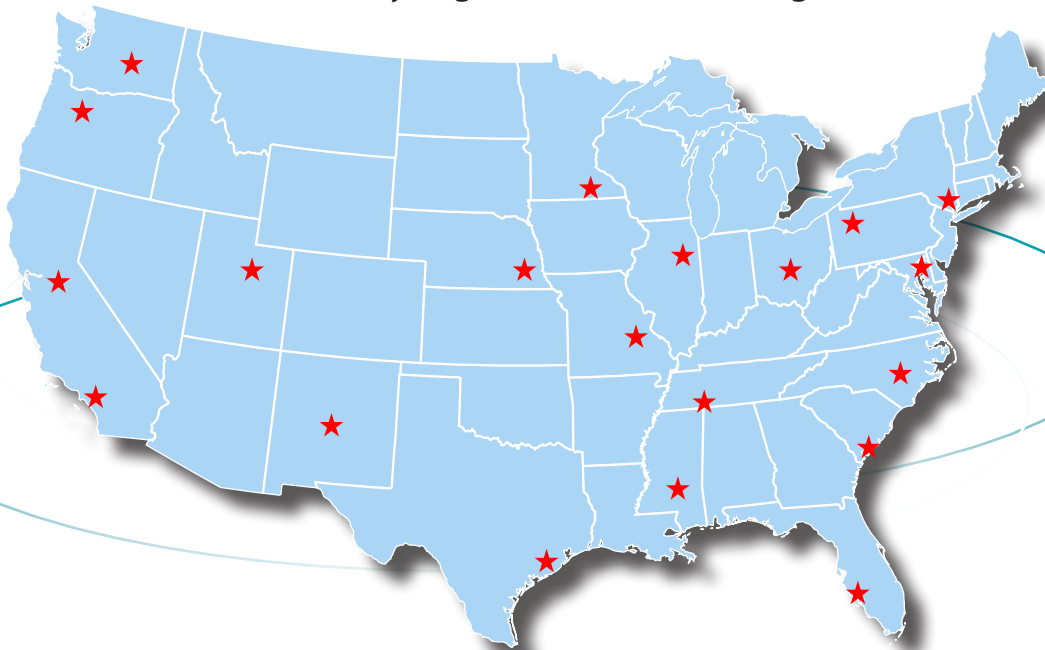
If all covered adults pass away for any reason before 20 years, we immediately **REFUND YOUR PREMIUM**, less any claims paid!

One of three things could happen in the future:



	#1	#2	#3
Premiums Paid	\$20,000	\$20,000	\$20,000
Less Claims Paid	- 0 -	- 5,000	- 65,000
Refund	\$20,000	\$15,000	- 0 -

Where you get treated makes a big difference ...



"Progress in prevention, diagnosis and treatment has been possible only because of the existence of a strong cancer research infrastructure... The centerpiece for these efforts is the National Cancer Institute (NCI) supported cancer centers."

Report of the National Cancer Institute Cancer Centers

Limitations and Exclusions

- Persons with a prior history of cancer and those diagnosed within 30 days of the coverage effective date will not be covered.
- Persons previously diagnosed with an elevated PSA (Prostate-Specific Antigen) test result will not be covered for prostate cancer or its metastasis.
- Persons with a history of non-melanoma skin cancer are covered for all types of cancer except skin cancer. Persons with a history of any melanoma cancer will not be covered.
- This plan covers losses resulting from cancer only. Cancer does not include premalignant conditions, conditions with malignant potential or pre-leukemic conditions.

The benefits described in this brochure are contained in policy series C8POLR.

This brochure is not an insurance contract. The policy explains in detail the rights and obligations of both Family Heritage and the insured. It is important to read your policy carefully.

P.O. Box 470608, Cleveland, Ohio 44147 (440) 922-5222
www.familyheritagelife.com

IntensiveCare

Unit Rider

INTENSIVE CARE UNIT RIDER

INTENSIVE CARE BENEFIT - No Lifetime Limits

For each day, up to 30 days, of hospitalization in an
Intensive Care Unit for any reason, we will pay . . .

	Elite	Preferred	Standard
You or your spouse.....	\$900	\$600	\$300
Your covered child.....	\$450	\$300	\$150

An Intensive Care Unit (ICU, CCU, PICU or NICU) is a specifically designated facility of the hospital which:

- provides the highest level care (as determined based on the billing rate charged by the hospital);
- is restricted to those patients who are critically ill or injured;
- is separate and apart from other hospital areas; and
- is permanently equipped with special life-saving equipment for the care of the critically ill or injured

An Intensive Care Unit (ICU, CCU, PICU or NICU) is not a step down unit; sub-acute care unit, progressive care unit, intermediate care unit, bone marrow or stem cell transplant unit, private monitored room, observation room or unit, surgical recovery room, or a room, bed or ward customarily used for regular patient hospitalization.

STEP DOWN UNIT BENEFIT - No Lifetime Limits

For each day, up to 5 days, of hospitalization in a
Step Down Unit for any reason, we will pay . . .

	Elite	Preferred	Standard
You or your spouse.....	\$450	\$300	\$150
Your covered child.....	\$225	\$150	\$75

A Step Down Unit is part of an ICU, CCU, PICU or NICU where the patient is charged less than the highest level care. A Step Down Unit may also be referred to as a progressive care unit, and intermediate care unit, or a sub-acute care unit.

A Step Down Unit is not an emergency room, special care unit, bone marrow or stem cell transplant unit, observation room or unit, surgical recovery room, or a room, bed or ward customarily used for regular patient hospitalization.

VEHICULAR ACCIDENT - No Lifetime Limits

For each day, up to 30 days, of hospitalization in an ICU,
due to a **vehicular accident**, we will pay an additional . . .

	Elite	Preferred	Standard
You or your spouse.....	\$900	\$600	\$300
Your covered child.....	\$450	\$300	\$150

This benefit is not payable for hospitalizations in a Step Down Unit.

AMBULANCE BENEFITS - No Lifetime Limits

For Ambulance transportation per hospitalization in an ICU or Step Down Unit, we will pay . . .

	Elite	Preferred	Standard
Surface Ambulance, charges up to.....	\$600	\$400	\$200
Air Ambulance, charges up to.....	\$1,500	\$1,000	\$500

ACCIDENTAL DEATH BENEFIT

If you are injured in an accident and the injury causes death within 180 days of the accident, we will pay . . .

	Elite	Preferred	Standard
You or your spouse.....	\$15,000	\$10,000	\$5,000
Your covered child.....	\$7,500	\$5,000	\$2,500

HEART AND ACCIDENT STATISTICAL UPDATE

- Each year 785,000 Americans will have a new coronary attack.
- 1 in 6 Americans die from some form of cardiovascular disease.
- Every 40 seconds an American will suffer a stroke.
- On average, there are 15 accidental deaths every hour.
- Accidents are the leading cause of death among all persons up to age 42.
- Accidents are the fifth leading cause of death overall.

American Heart Association, *Heart & Stroke Statistical Update*
National Safety Council, *Injury Facts*

PROTECTION FOR INTENSIVE CARE AND ACCIDENTAL DEATH

Your benefits are paid **DIRECTLY TO YOU**, unless you instruct us otherwise.

Your benefits are paid **IN ADDITION** to any other insurance you have.

Your coverage is **GUARANTEED RENEWABLE** for life -- only you can cancel.

Your benefits **BEGIN IMMEDIATELY** on your effective date.

LIMITATIONS AND EXCLUSIONS

- Persons over age 74 receive 50% of the ICU Hospitalization, Step Down Unit and Vehicular Accident Benefit.
- Persons with a pre-existing heart condition:
 - will not be paid ICU Benefits for a heart-related hospitalization.
 - will be paid benefits for up to 7 days of ICU hospitalization not related to a heart condition.
- This plan does not cover hospitalization:
 - during the first 30 days of life for children born within 10 months of your effective date.
 - during the 12 months after your effective date for any condition diagnosed by or for which you received treatment or consulted a physician within 12 months prior to your effective date.
- This plan does not cover hospitalizations or losses resulting from:
 - committing or attempting to commit suicide, regardless of mental capacity.
 - a hospitalization or loss which began before your effective date.
 - injuring or attempting to injure yourself, or a covered spouse or child intentionally, regardless of mental capacity.
 - committing or attempting to commit a felony, or being engaged in an illegal occupation.
 - being intoxicated or under the influence of any narcotic or other illegal substance, unless taken according to a physician's direction.
- The Vehicular Accident Benefit covers accidents resulting from riding in, operating or being struck by an automobile, bus, truck, train or commercial airplane. This benefit does not include accidents resulting from riding in, operating or being struck by an all-terrain vehicle (ATV), motorcycle, tractor, or other farm equipment, construction equipment, boat or other water conveyance, private airplane or glider.

The benefits described in this brochure are contained in rider series I8RID

AUTOCHECK

POLICYOWNERS' AGE AT ISSUE		INDIVIDUAL	COUPLES	SINGLE-PARENT	FAMILY
CANCERCARE SERIES 5-ELITE					
up to 30*	ROP	\$41.00	\$54.00	\$46.00	\$59.00
31-35	ROP	\$44.00	\$58.00	\$49.00	\$63.00
36-40	ROP	\$47.00	\$66.00	\$52.00	\$71.00
41-45	ROP	\$51.00	\$76.00	\$57.00	\$81.00
46-50	ROP	\$59.00	\$88.00	\$66.00	\$95.00
51-55	ROP	\$71.00	\$114.00	\$78.00	\$121.00
56-60	ROP	\$99.00	\$140.00	\$108.00	\$149.00
61-65	ROP	\$120.00	\$177.00	\$125.00	\$183.00
66-70	ROP	\$126.00	\$187.00	\$131.00	\$192.00
71-75	ROP	\$149.00	\$223.00	\$153.00	\$228.00
76-80	ROP	\$168.00	\$249.00	\$172.00	\$254.00
CANCERCARE SERIES 5-PREFERRED					
up to 30*	ROP	\$35.00	\$46.00	\$38.00	\$49.00
31-35	ROP	\$37.00	\$48.00	\$40.00	\$51.00
36-40	ROP	\$40.00	\$54.00	\$43.00	\$57.00
41-45	ROP	\$43.00	\$61.00	\$46.00	\$64.00
46-50	ROP	\$49.00	\$71.00	\$53.00	\$76.00
51-55	ROP	\$58.00	\$90.00	\$62.00	\$95.00
56-60	ROP	\$78.00	\$108.00	\$84.00	\$114.00
61-65	ROP	\$93.00	\$135.00	\$96.00	\$138.00
66-70	ROP	\$101.00	\$145.00	\$104.00	\$148.00
71-75	ROP	\$118.00	\$169.00	\$121.00	\$172.00
76-80	ROP	\$130.00	\$191.00	\$133.00	\$194.00
CANCERCARE SERIES 5-STANDARD					
up to 30*	ROP	\$27.00	\$33.00	\$29.00	\$35.00
31-35	ROP	\$28.00	\$35.00	\$30.00	\$37.00
36-40	ROP	\$30.00	\$38.00	\$32.00	\$40.00
41-45	ROP	\$31.00	\$42.00	\$33.00	\$44.00
46-50	ROP	\$35.00	\$46.00	\$37.00	\$49.00
51-55	ROP	\$41.00	\$57.00	\$43.00	\$60.00
56-60	ROP	\$54.00	\$68.00	\$57.00	\$71.00
61-65	ROP	\$59.00	\$80.00	\$61.00	\$82.00
66-70	ROP	\$67.00	\$88.00	\$69.00	\$90.00
71-75	ROP	\$76.00	\$99.00	\$78.00	\$101.00
76-80	ROP	\$82.00	\$110.00	\$84.00	\$112.00
ICU-ELITE					
up to 30*	ROP	\$9.00	\$12.00	\$15.00	\$18.00
31-35	ROP	\$12.00	\$21.00	\$18.00	\$27.00
36-40	ROP	\$15.00	\$27.00	\$21.00	\$33.00
41-45	ROP	\$21.00	\$36.00	\$27.00	\$42.00
46-50	ROP	\$24.00	\$42.00	\$30.00	\$48.00
51-55	ROP	\$27.00	\$51.00	\$33.00	\$57.00
56-60	ROP	\$30.00	\$57.00	\$36.00	\$63.00
61-65	ROP	\$39.00	\$78.00	\$45.00	\$84.00
ICU-PREFERRED					
up to 30*	ROP	\$6.00	\$8.00	\$10.00	\$12.00
31-35	ROP	\$8.00	\$14.00	\$12.00	\$18.00
36-40	ROP	\$10.00	\$18.00	\$14.00	\$22.00
41-45	ROP	\$14.00	\$24.00	\$18.00	\$28.00
46-50	ROP	\$16.00	\$28.00	\$20.00	\$32.00
51-55	ROP	\$18.00	\$34.00	\$22.00	\$38.00
56-60	ROP	\$20.00	\$38.00	\$24.00	\$42.00
61-65	ROP	\$26.00	\$52.00	\$30.00	\$56.00
ICU-STANDARD					
up to 30*	ROP	\$3.00	\$4.00	\$5.00	\$6.00
31-35	ROP	\$4.00	\$7.00	\$6.00	\$9.00
36-40	ROP	\$5.00	\$9.00	\$7.00	\$11.00
41-45	ROP	\$7.00	\$12.00	\$9.00	\$14.00
46-50	ROP	\$8.00	\$14.00	\$10.00	\$16.00
51-55	ROP	\$9.00	\$17.00	\$11.00	\$19.00
56-60	ROP	\$10.00	\$19.00	\$12.00	\$21.00
61-65	ROP	\$13.00	\$26.00	\$15.00	\$28.00
AZ, KY, LA, NC, OH, OK, NE, NM, UT, WV					
FORM C8RATROP-ST2			RETURN OF PREMIUM		

*Please refer to the Representative Administrative Handbook for a complete list of minimum allowable age by state
Revised 3-2014

QUARTERLY

POLICYOWNERS' AGE AT ISSUE		INDIVIDUAL	COUPLES	SINGLE-PARENT	FAMILY
CANCERCARE SERIES 5-ELITE					
up to 30*	ROP	\$123.00	\$162.00	\$138.00	\$177.00
31-35	ROP	\$132.00	\$174.00	\$147.00	\$189.00
36-40	ROP	\$141.00	\$198.00	\$156.00	\$213.00
41-45	ROP	\$153.00	\$228.00	\$171.00	\$243.00
46-50	ROP	\$177.00	\$264.00	\$198.00	\$285.00
51-55	ROP	\$213.00	\$342.00	\$234.00	\$363.00
56-60	ROP	\$297.00	\$420.00	\$324.00	\$447.00
61-65	ROP	\$360.00	\$531.00	\$375.00	\$549.00
66-70	ROP	\$378.00	\$561.00	\$393.00	\$576.00
71-75	ROP	\$447.00	\$669.00	\$459.00	\$684.00
76-80	ROP	\$504.00	\$747.00	\$516.00	\$762.00
CANCERCARE SERIES 5-PREFERRED					
up to 30*	ROP	\$105.00	\$138.00	\$114.00	\$147.00
31-35	ROP	\$111.00	\$144.00	\$120.00	\$153.00
36-40	ROP	\$120.00	\$162.00	\$129.00	\$171.00
41-45	ROP	\$129.00	\$183.00	\$138.00	\$192.00
46-50	ROP	\$147.00	\$213.00	\$159.00	\$228.00
51-55	ROP	\$174.00	\$270.00	\$186.00	\$285.00
56-60	ROP	\$234.00	\$324.00	\$252.00	\$342.00
61-65	ROP	\$279.00	\$405.00	\$288.00	\$414.00
66-70	ROP	\$303.00	\$435.00	\$312.00	\$444.00
71-75	ROP	\$354.00	\$507.00	\$363.00	\$516.00
76-80	ROP	\$390.00	\$573.00	\$399.00	\$582.00
CANCERCARE SERIES 5-STANDARD					
up to 30*	ROP	\$81.00	\$99.00	\$87.00	\$105.00
31-35	ROP	\$84.00	\$105.00	\$90.00	\$111.00
36-40	ROP	\$90.00	\$114.00	\$96.00	\$120.00
41-45	ROP	\$93.00	\$126.00	\$99.00	\$132.00
46-50	ROP	\$105.00	\$138.00	\$111.00	\$147.00
51-55	ROP	\$123.00	\$171.00	\$129.00	\$180.00
56-60	ROP	\$162.00	\$204.00	\$171.00	\$213.00
61-65	ROP	\$177.00	\$240.00	\$183.00	\$246.00
66-70	ROP	\$201.00	\$264.00	\$207.00	\$270.00
71-75	ROP	\$228.00	\$297.00	\$234.00	\$303.00
76-80	ROP	\$246.00	\$330.00	\$252.00	\$336.00
ICU-ELITE					
up to 30*	ROP	\$27.00	\$36.00	\$45.00	\$54.00
31-35	ROP	\$36.00	\$63.00	\$54.00	\$81.00
36-40	ROP	\$45.00	\$81.00	\$63.00	\$99.00
41-45	ROP	\$63.00	\$108.00	\$81.00	\$126.00
46-50	ROP	\$72.00	\$126.00	\$90.00	\$144.00
51-55	ROP	\$81.00	\$153.00	\$99.00	\$171.00
56-60	ROP	\$90.00	\$171.00	\$108.00	\$189.00
61-65	ROP	\$117.00	\$234.00	\$135.00	\$252.00
ICU-PREFERRED					
up to 30*	ROP	\$18.00	\$24.00	\$30.00	\$36.00
31-35	ROP	\$24.00	\$42.00	\$36.00	\$54.00
36-40	ROP	\$30.00	\$54.00	\$42.00	\$66.00
41-45	ROP	\$42.00	\$72.00	\$54.00	\$84.00
46-50	ROP	\$48.00	\$84.00	\$60.00	\$96.00
51-55	ROP	\$54.00	\$102.00	\$66.00	\$114.00
56-60	ROP	\$60.00	\$114.00	\$72.00	\$126.00
61-65	ROP	\$78.00	\$156.00	\$90.00	\$168.00
ICU-STANDARD					
up to 30*	ROP	\$9.00	\$12.00	\$15.00	\$18.00
31-35	ROP	\$12.00	\$21.00	\$18.00	\$27.00
36-40	ROP	\$15.00	\$27.00	\$21.00	\$33.00
41-45	ROP	\$21.00	\$36.00	\$27.00	\$42.00
46-50	ROP	\$24.00	\$42.00	\$30.00	\$48.00
51-55	ROP	\$27.00	\$51.00	\$33.00	\$57.00
56-60	ROP	\$30.00	\$57.00	\$36.00	\$63.00
61-65	ROP	\$39.00	\$78.00	\$45.00	\$84.00
AZ, KY, LA, NC, OH, OK, NE, NM, UT, WV					
FORM C8RATROP-ST2			RETURN OF PREMIUM		

*Please refer to the Representative Administrative Handbook for a complete list of minimum allowable age by state
Revised 3-2014

SEMI-ANNUAL

POLICYOWNERS' AGE AT ISSUE		INDIVIDUAL	COUPLES	SINGLE-PARENT	FAMILY
CANCERCARE SERIES 5-ELITE					
up to 30*	ROP	\$246.00	\$324.00	\$276.00	\$354.00
31-35	ROP	\$264.00	\$348.00	\$294.00	\$378.00
36-40	ROP	\$282.00	\$396.00	\$312.00	\$426.00
41-45	ROP	\$306.00	\$456.00	\$342.00	\$486.00
46-50	ROP	\$354.00	\$528.00	\$396.00	\$570.00
51-55	ROP	\$426.00	\$684.00	\$468.00	\$726.00
56-60	ROP	\$594.00	\$840.00	\$648.00	\$894.00
61-65	ROP	\$720.00	\$1,062.00	\$750.00	\$1,098.00
66-70	ROP	\$756.00	\$1,122.00	\$786.00	\$1,152.00
71-75	ROP	\$894.00	\$1,338.00	\$918.00	\$1,368.00
76-80	ROP	\$1,008.00	\$1,494.00	\$1,032.00	\$1,524.00
CANCERCARE SERIES 5-PREFERRED					
up to 30*	ROP	\$210.00	\$276.00	\$228.00	\$294.00
31-35	ROP	\$222.00	\$288.00	\$240.00	\$306.00
36-40	ROP	\$240.00	\$324.00	\$258.00	\$342.00
41-45	ROP	\$258.00	\$366.00	\$276.00	\$384.00
46-50	ROP	\$294.00	\$426.00	\$318.00	\$456.00
51-55	ROP	\$348.00	\$540.00	\$372.00	\$570.00
56-60	ROP	\$468.00	\$648.00	\$504.00	\$684.00
61-65	ROP	\$558.00	\$810.00	\$576.00	\$828.00
66-70	ROP	\$606.00	\$870.00	\$624.00	\$888.00
71-75	ROP	\$708.00	\$1,014.00	\$726.00	\$1,032.00
76-80	ROP	\$780.00	\$1,146.00	\$798.00	\$1,164.00
CANCERCARE SERIES 5-STANDARD					
up to 30*	ROP	\$162.00	\$198.00	\$174.00	\$210.00
31-35	ROP	\$168.00	\$210.00	\$180.00	\$222.00
36-40	ROP	\$180.00	\$228.00	\$192.00	\$240.00
41-45	ROP	\$186.00	\$252.00	\$198.00	\$264.00
46-50	ROP	\$210.00	\$276.00	\$222.00	\$294.00
51-55	ROP	\$246.00	\$342.00	\$258.00	\$360.00
56-60	ROP	\$324.00	\$408.00	\$342.00	\$426.00
61-65	ROP	\$354.00	\$480.00	\$366.00	\$492.00
66-70	ROP	\$402.00	\$528.00	\$414.00	\$540.00
71-75	ROP	\$456.00	\$594.00	\$468.00	\$606.00
76-80	ROP	\$492.00	\$660.00	\$504.00	\$672.00
ICU-ELITE					
up to 30*	ROP	\$54.00	\$72.00	\$90.00	\$108.00
31-35	ROP	\$72.00	\$126.00	\$108.00	\$162.00
36-40	ROP	\$90.00	\$162.00	\$126.00	\$198.00
41-45	ROP	\$126.00	\$216.00	\$162.00	\$252.00
46-50	ROP	\$144.00	\$252.00	\$180.00	\$288.00
51-55	ROP	\$162.00	\$306.00	\$198.00	\$342.00
56-60	ROP	\$180.00	\$342.00	\$216.00	\$378.00
61-65	ROP	\$234.00	\$468.00	\$270.00	\$504.00
ICU-PREFERRED					
up to 30*	ROP	\$36.00	\$48.00	\$60.00	\$72.00
31-35	ROP	\$48.00	\$84.00	\$72.00	\$108.00
36-40	ROP	\$60.00	\$108.00	\$84.00	\$132.00
41-45	ROP	\$84.00	\$144.00	\$108.00	\$168.00
46-50	ROP	\$96.00	\$168.00	\$120.00	\$192.00
51-55	ROP	\$108.00	\$204.00	\$132.00	\$228.00
56-60	ROP	\$120.00	\$228.00	\$144.00	\$252.00
61-65	ROP	\$156.00	\$312.00	\$180.00	\$336.00
ICU-STANDARD					
up to 30*	ROP	\$18.00	\$24.00	\$30.00	\$36.00
31-35	ROP	\$24.00	\$42.00	\$36.00	\$54.00
36-40	ROP	\$30.00	\$54.00	\$42.00	\$66.00
41-45	ROP	\$42.00	\$72.00	\$54.00	\$84.00
46-50	ROP	\$48.00	\$84.00	\$60.00	\$96.00
51-55	ROP	\$54.00	\$102.00	\$66.00	\$114.00
56-60	ROP	\$60.00	\$114.00	\$72.00	\$126.00
61-65	ROP	\$78.00	\$156.00	\$90.00	\$168.00
AZ, KY, LA, NC, OH, OK, NE, NM, UT, WV					
FORM C8RATROP-ST2					RETURN OF PREMIUM

*Please refer to the Representative Administrative Handbook for a complete list of minimum allowable age by state
Revised 3-2014

ANNUAL

POLICYOWNERS' AGE AT ISSUE		INDIVIDUAL	COUPLES	SINGLE-PARENT	FAMILY
CANCERCARE SERIES 5-ELITE					
up to 30*	ROP	\$492.00	\$648.00	\$552.00	\$708.00
31-35	ROP	\$528.00	\$696.00	\$588.00	\$756.00
36-40	ROP	\$564.00	\$792.00	\$624.00	\$852.00
41-45	ROP	\$612.00	\$912.00	\$684.00	\$972.00
46-50	ROP	\$708.00	\$1,056.00	\$792.00	\$1,140.00
51-55	ROP	\$852.00	\$1,368.00	\$936.00	\$1,452.00
56-60	ROP	\$1,188.00	\$1,680.00	\$1,296.00	\$1,788.00
61-65	ROP	\$1,440.00	\$2,124.00	\$1,500.00	\$2,196.00
66-70	ROP	\$1,512.00	\$2,244.00	\$1,572.00	\$2,304.00
71-75	ROP	\$1,788.00	\$2,676.00	\$1,836.00	\$2,736.00
76-80	ROP	\$2,016.00	\$2,988.00	\$2,064.00	\$3,048.00
CANCERCARE SERIES 5-PREFERRED					
up to 30*	ROP	\$420.00	\$552.00	\$456.00	\$588.00
31-35	ROP	\$444.00	\$576.00	\$480.00	\$612.00
36-40	ROP	\$480.00	\$648.00	\$516.00	\$684.00
41-45	ROP	\$516.00	\$732.00	\$552.00	\$768.00
46-50	ROP	\$588.00	\$852.00	\$636.00	\$912.00
51-55	ROP	\$696.00	\$1,080.00	\$744.00	\$1,140.00
56-60	ROP	\$936.00	\$1,296.00	\$1,008.00	\$1,368.00
61-65	ROP	\$1,116.00	\$1,620.00	\$1,152.00	\$1,656.00
66-70	ROP	\$1,212.00	\$1,740.00	\$1,248.00	\$1,776.00
71-75	ROP	\$1,416.00	\$2,028.00	\$1,452.00	\$2,064.00
76-80	ROP	\$1,560.00	\$2,292.00	\$1,596.00	\$2,328.00
CANCERCARE SERIES 5-STANDARD					
up to 30*	ROP	\$324.00	\$396.00	\$348.00	\$420.00
31-35	ROP	\$336.00	\$420.00	\$360.00	\$444.00
36-40	ROP	\$360.00	\$456.00	\$384.00	\$480.00
41-45	ROP	\$372.00	\$504.00	\$396.00	\$528.00
46-50	ROP	\$420.00	\$552.00	\$444.00	\$588.00
51-55	ROP	\$492.00	\$684.00	\$516.00	\$720.00
56-60	ROP	\$648.00	\$816.00	\$684.00	\$852.00
61-65	ROP	\$708.00	\$960.00	\$732.00	\$984.00
66-70	ROP	\$804.00	\$1,056.00	\$828.00	\$1,080.00
71-75	ROP	\$912.00	\$1,188.00	\$936.00	\$1,212.00
76-80	ROP	\$984.00	\$1,320.00	\$1,008.00	\$1,344.00
ICU-ELITE					
up to 30*	ROP	\$108.00	\$144.00	\$180.00	\$216.00
31-35	ROP	\$144.00	\$252.00	\$216.00	\$324.00
36-40	ROP	\$180.00	\$324.00	\$252.00	\$396.00
41-45	ROP	\$252.00	\$432.00	\$324.00	\$504.00
46-50	ROP	\$288.00	\$504.00	\$360.00	\$576.00
51-55	ROP	\$324.00	\$612.00	\$396.00	\$684.00
56-60	ROP	\$360.00	\$684.00	\$432.00	\$756.00
61-65	ROP	\$468.00	\$936.00	\$540.00	\$1,008.00
ICU-PREFERRED					
up to 30*	ROP	\$72.00	\$96.00	\$120.00	\$144.00
31-35	ROP	\$96.00	\$168.00	\$144.00	\$216.00
36-40	ROP	\$120.00	\$216.00	\$168.00	\$264.00
41-45	ROP	\$168.00	\$288.00	\$216.00	\$336.00
46-50	ROP	\$192.00	\$336.00	\$240.00	\$384.00
51-55	ROP	\$216.00	\$408.00	\$264.00	\$456.00
56-60	ROP	\$240.00	\$456.00	\$288.00	\$504.00
61-65	ROP	\$312.00	\$624.00	\$360.00	\$672.00
ICU-STANDARD					
up to 30*	ROP	\$36.00	\$48.00	\$60.00	\$72.00
31-35	ROP	\$48.00	\$84.00	\$72.00	\$108.00
36-40	ROP	\$60.00	\$108.00	\$84.00	\$132.00
41-45	ROP	\$84.00	\$144.00	\$108.00	\$168.00
46-50	ROP	\$96.00	\$168.00	\$120.00	\$192.00
51-55	ROP	\$108.00	\$204.00	\$132.00	\$228.00
56-60	ROP	\$120.00	\$228.00	\$144.00	\$252.00
61-65	ROP	\$156.00	\$312.00	\$180.00	\$336.00
AZ, KY, LA, NC, OH, OK, NE, NM, UT, WV					
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